MINISTRY OF HEALTH
MANATŪ HAUORA

New Zealand Government

Standing Order Guidelines

Released 2016 **health.govt.nz**

These guidelines are issued by the Ministry of Health and represent the Ministry's view as to the matters contained in the Medicines (Standing Order) Regulations 2002. They do not constitute legal advice as to the regulations. Users are encouraged to seek their own legal advice on such matters.

Citation: Ministry of Health. 2016. *Standing Order Guidelines* (2nd edn). Wellington: Ministry of Health.

First published in June 2012, 2nd edition August 2016
by theMinistry of Health
PO Box 5013, Wellington 6145, New Zealand

ISBN 978-0-947515-57-7 (online)
HP 5482

This document is available at health.govt.nz

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Contents

1 Introduction and purpose

1. A standing order is a **written instruction** issued by a medical practitioner, dentist, nurse practitioner or optometrist. It authorises a specified person or class of people (eg, paramedics, registered nurses) who do not have prescribing rights to administer and/or supply specified medicines and some controlled drugs. The intention is for standing orders to be used to improve patients' timely access to medicines; for example, by authorising a paramedic in an emergency or a registered nurse in a primary health care setting.

2. The use of standing orders is governed by the Medicines (Standing Order) Regulations 2002 (Standing Order Regulations). This regulation sits within the broader health regulatory regime that includes:
   - the Medicines Act 1981 and Medicines Regulations 1984
   - the Misuse of Drugs Act 1975 and Regulations 1977
   - the Health Practitioners Competence Assurance Act 2003
   - the Health and Disability Commissioner (Code of Health and Disability Services Consumers' Rights) Regulations 1996.

3. The above legislation can be accessed online at www.legislation.govt.nz.

4. The purpose of these guidelines is to provide guidance for health professionals working with standing orders, to assist issuers to comply with the regulations when developing a standing order, and to assist people administering and/or supplying medicines under standing orders.

2 Exclusions

5. A standing order **does not** allow a person to generate a prescription and provide it to a patient to take to a pharmacy to be dispensed (with the prescription signed later by the issuer of the standing order). Pharmacies cannot lawfully dispense unsigned prescriptions. Nor does a standing order allow a person to provide a patient with a prescription that has been 'pre-signed' by the medical practitioner or dentist who issued the standing order.

3 Issuer

6. To issue a standing order a person must be one of the following:
   (a) an individual practitioner in practice (the Standing Order Regulations define a **practitioner** as a medical practitioner or dentist.)
   (b) a practitioner, who is an employer of a practitioner, or a person permitted to supply or administer a medicine under a standing order
   (c) a practitioner who exercises managerial control over a practitioner or a person permitted to supply or administer a medicine under a standing order
   (d) a practitioner who is authorised by a group of practitioners, or a group of people permitted to supply or administer a medicine under a standing order on their behalf
   (e) a nurse practitioner (whether in individual practice or not)
   (f) an optometrist (whether in individual practice or not).

7. Issuers are accountable under the Health Practitioners Competence Assurance Act 2003 to undertake only those activities in their scope of practice for which they have the required education, experience and skills.

8. Standing orders are a significant and specific authorisation from the issuer. It is important to clearly specify the issuer of each standing order within an individual general practice or hospital ward/department. The issuer retains overall responsibility to:
   - ensure the legislative requirements for the standing order are met
   - ensure that anyone operating under the standing order has the appropriate training and competency to fulfil the role
   - countersign, audit and review the standing order.

NOTE: Many of the duties (eg, countersigning, annual review) can only be performed by the issuer who originally issued the standing order. If the issuer leaves the organisation or goes on leave for an extended period, a new standing order will be necessary.

4 People working under standing orders

9. A person who is permitted to administer and/or supply medicines under a standing order must be engaged in the delivery of a health service. They may include, for example:
   - registered nurses
   - paramedics
   - New Zealand Defence Force medical personnel.

10. To meet regulatory requirements, a person working under standing orders must have the competency and training to be able to make an assessment that the standing order applies to the presenting patient, the competency to administer and/or supply the medicine, and the knowledge to assess the contraindications and/or exclusions. See 'Section 9: Competency, including training'.

11. All staff potentially affected by the standing order should be identified in the development of the standing order. It is recommended that the standing order be developed in consultation with the staff who will be expected to work under that standing order, or representatives of those staff.

12. A standing order **permits or empowers** people to administer and/or supply medicines; it cannot **require** them to do so. In every case it will be a matter of professional judgement by the person concerned as to whether to administer and/or supply medicines pursuant to a standing order. This subject is not covered in detail in these guidelines. The employer or health organisation should have a written policy relating to the standing orders that records the agreement of the management, issuers and those who will administer and/or supply medicines under that standing order. Working under standing orders may be part of the person's duties as an employee or independent contractor, or may be governed by contract.

5 Medicines

13. The following medicines can be administered and/or supplied in accordance with a standing order:

    - prescription medicines
    - restricted medicines (pharmacist-only medicines)
    - pharmacy-only medicines
    - controlled drugs listed in Part 1 of Schedule 2 to the Misuse of Drugs Act 1975 which are exempt under Misuse of Drugs Regulation 22 and Part 3 of Schedule 2 to the Misuse of Drugs Act 1975
    - controlled drugs listed in Parts 2 to 7 of Schedule 3 of the Misuse of Drugs Act 1975.

    Note: the *Immunisation Handbook 2014*

    http://www.health.govt.nz/system/files/documents/publications/immunisation-handbook-2014-2nd-edn-apr16.pdf sets out who can administer vaccines and in what circumstances a standing order is required: (Section 2 page 45).

14. Medicines and controlled drugs to be administered and/or supplied must be available on-site. Requirements for the labelling, packing, storage and handling of medicines are specified in the Medicines Regulations 1984. The labelling, packing, storage and handling requirements relating to medicines must be understood and complied with prior to issuing a standing order.

15. If a standing order includes medicines that require reconstitution, the issuer should ensure the availability of the necessary equipment (eg, accurate measuring vessels) and/or training.

6 Contents of a standing order

16. The Medicines (Standing Order) Regulations require that the standing order includes:

    - an explanation of why the standing order is required
    - the circumstances in which the standing order applies – for example, a paramedic in an emergency or a registered nurse running a specified school clinic
    - the class of people able to administer and/or supply under the standing order – for example, paramedics, registered nurses
    - the competency requirements of the person administering and/or supplying a medicine under a standing order (see 'Section 9: Competency, including training' for further information)
    - the treatment of condition/s to which the standing order applies – for example, urinary tract infection, asthma
    - the medicines that may be supplied or administered under the standing order
    - the indications for which the medicine is to be administered and the recommended dose or dose range for those indications
    - the number of dose(s) of the medicine for which the standing order is valid
    - the contraindications and/or exclusions for the medicines, the validated reference charts for dose calculation (if required) and the monitoring of a medicine (if required)
    - the method of administration
    - whether countersigning is required and, if countersigning is required, the timeframe for countersigning
    - the clinical documentation to be recorded
    - the period for which the standing order applies (see 'Section 7: Period for this the standing order applies' below).

    These requirements are included in 'Appendix 1: Standing order template guide'.

17. If a standing order lists more than one medicine for the treatment of a condition, clear guidance must be provided about which medicine is preferred in what circumstances. For example, medication A for children aged 5–12 years; medication B for pregnant women; medication C for non-pregnant adults.

NOTE: It is recommended that the standing order lists a medicine by its generic name rather than the trade name. This will avoid the need to update the standing order every time the trade name of the available product changes.

7 Period for which the standing order applies

18. The standing order must specify the period for which it applies. If it is not appropriate to state a specific period, then the standing order must state that it is to apply until it is either:
    - replaced by a new standing order covering the same subject matter or
    - cancelled in writing by the issuer.

19. Whatever the specified period for the standing order, it must be reviewed by the issuer at least annually (see also 'Section 11: Review of standing orders'). The standing order must specify the required review date. Following review, the standing order should be re-signed and dated.

8 Record keeping

20. A person who administers and/or supplies a medicine under a standing order must document the assessment and treatment of the patient (including any adverse reactions) in the clinical record and, if necessary, any monitoring or follow-up of the patient's treatment.

21. The name of the person administering and/or supplying under the standing order, and the date and time of administration and/or supply should also be recorded in the clinical record.

9 Competency, including training

22. The legislation requires the standing order to specify the level of competency, including training, required to administer and/or supply a medicine under a standing order where the registration authority has not set the level of competency (or where there is no registration authority). Generally registration authorities do not set specific competencies required to administer and/or supply a medicine under a standing order. Therefore the required level of competency, including any specific training requirements, should be specified in all standing orders.

23. The issuer must, at least once a year, review the competency of each person permitted to administer and/or supply medicine under the standing order if the level has not be set by the registration authority.

NOTE: Clearly defining the specific competency and training requirements in a standing order is particularly important where there is the potential for a significant adverse event to occur. For example, the medicine Warfarin can cause serious bleeding. To administer it correctly, a person must calculate the required dose from a range based on blood results. In addition to completing the in-house training on the organisation's standing order policy and procedures, assessed competency through peer and/or case review could be set as an additional requirement before a health professional can work independently under the standing order.

10 Countersigning and audit of standing orders

24. The requirements for countersigning standing orders changed in August 2011. Previously the issuing prescriber was required to countersign every administration and/or supply of a medicine under a standing order. Now, the issuer has the option of either countersigning every administration and/or supply of a medicine or specifying that countersigning is not required. This change means the issuer can specify different countersigning requirements for people administering and/or supplying under standing orders commensurate with the level of competency and expertise of the individuals.

25. The requirement for countersigning must be clearly described within each standing order. The issuer of the standing order must decide, and specify:
    - whether (and under what circumstances) countersigning is or is not required
    - in cases where countersigning is required, the period within which the issuer must countersign.

26. If countersigning is not required, or required less frequently than once a month, the issuer must, at least once a month, audit a sample of the records of administration and/or supply under the standing order.

27. If a single medical practitioner, dentist, nurse practitioner or optometrist has issued a number of standing orders for different conditions or medicines, then that issuer will be required to audit a sample from each standing order.

28. Audit sample sizes should be, as a minimum:
    - 50 percent of administration and/or supply records if there are 20 or fewer in total
    - 20–30 percent of administration and/or supply records if they are in range of 21–100
    - 15–20 percent of administration and/or supply records if there are over 100.

29. If any administration and/or supply records are found to be non-compliant with the standing order, it is recommended that the sample size is doubled.

30. The results of the audit should be recorded along with any required changes or improvements in relation to the standing order documentation, processes or training to be undertaken. Prompt action should be taken to address any issues identified.

11 Review of standing orders

31. The issuer must review the standing order at least once a year. The issuer must consider whether the standing order continues to be necessary and whether the terms used are appropriate. If the issuer considers that some of the terms of the standing order are no longer appropriate and require either amending or deleting, then any material variations, deletions or additions to the standing order, made as a result of a review, must be dated and signed by the issuer. All staff potentially affected by amendments or deletions should be identified and consulted on the changes.

32. The issuer must ensure that there is a process in place for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur. The issuer must also ensure that there is a process for document control so that, following a review, all obsolete copies are replaced with new versions of the standing order.

12 Availability of standing orders

33. The regulations require that the issued standing order is made available to every person permitted to administer and/or supply a medicine under the standing order, any person affected by the standing order, and, on request to the issuer any other person

13 Enforcement

34. It is an offence to fail to meet the requirements of the Medicines (Standing Order) Regulations. The Ministry of Health may, from time to time, audit any standing order.

Checklist for use of standing orders

1.	**Has the need for a standing order been established?**	
(a)	Does the standing order explain why the standing order is necessary?	☐
(b)	Has the scope (coverage) of the standing order been specified?	☐
(c)	Do you have processes in place for monitoring and reviewing the standing order?	☐
2.	**Has the best person to issue the standing order been identified?**	
(a)	Is the person you have identified as issuer one of the following:	
	i. an individual practitioner in practice	☐
	ii. a practitioner who is an employer of a practitioner or a person permitted to supply or administer a medicine under a standing order	or ☐
	iii. a practitioner who exercises managerial control over a practitioner or a person permitted to supply or administer a medicine under a standing order	or ☐
	iv. a practitioner who is authorised by a group of practitioners or a group of people permitted to supply or administer a medicine under a standing order on their behalf	or ☐
	v. a nurse practitioner	
	vi. an optometrist	
(b)	Does the standing order name the issuer?	☐

3.	**Has the class of people permitted to administer and/or supply a medicine under a standing order been determined?**	
(a)	Does the standing order describe the class of people permitted to administer and/or supply a medicine under a standing order?	☐
(b)	Is the class of people you have identified limited to people engaged in the delivery of a health service?	☐
(c)	Has the registration authority of the class of people set any competencies?	☐
(d)	If the registration authority **has** set levels of competency, including training, for the classes of people administering and/or supplying medicines under the standing order, are there any additional competencies required, including any training to be undertaken?	☐
(e)	If the registration authority **has not** set any level of competency, or there is no registration authority, does the standing order specify the levels of competency, including training, required of the class of people permitted to administer and/or supply medicines under the standing order?	☐
(f)	Does the class of people you have identified have the required competencies to administer and/or supply?	☐
(g)	Have the people who will work under the standing order, or their representatives, been involved in the development process?	☐
4.	**Does the standing order specify the class of people (eg, adults, children aged 5 to 12 years) to whom medicines can be administered?**	☐
5.	**Does the standing order specify the circumstances in which it applies?**	☐
6.	**Which treatment/s are included in the standing order?**	
(a)	Does the standing order specify the treatment/s and condition/s to which the order applies?	☐

7.	**Which medicines will be administered and/or supplied under the standing order?**	
(a)	Does the standing order list the medicines that may be administered and/or supplied under the standing order?	☐
(b)	For each medicine that is listed, have you recorded all of the following:	
	i. indications for which the medicine is to be administered	☐
	ii. the recommended dose or dose range for those indications	☐
	iii. the number of doses the standing order allows	☐
	iv. the contraindications and/or exclusions for the medicine	☐
	v. the validated reference charts for calculation of dose (if required)	☐
	vi. the method of administration	☐
	vii. the documentation required in clinical notes.	☐
8.	**Does the standing order specify whether or not countersigning is required?**	
(a)	If countersigning **is** required, does the standing order specify the period, shorter than a month, within which the issuer will countersign the administration and/or supply of the medicines?	☐
(b)	If countersigning is **not** required, has a process been established to document, at a minimum, a monthly audit of a sample of the records of administration and/or supply?	or ☐
9.	**Does the standing order define the terms it uses?**	☐
10.	**Is the standing order in writing?**	☐
11.	**Is the standing order signed and dated by the issuer?**	☐

Processes	
12. Have you developed a process for the issuer to review the competency of any person working under the standing order who does not have levels of competency set by a registration authority for acting under a standing order?	☐
13. Have you developed a process for at least an annual review of the standing order?	☐
14. Have you developed a process for monitoring and reviewing the correct operation of the standing order and, in particular, any adverse incidents that occur?	☐
15. Is a copy of the standing order available to every person permitted to administer and/or supply a medicine under the standing order, any person affected by the standing order, and, on request to the issuer, any other person	☐

Appendix 1: Standing order template guide

Issued: 00/00/0000	**Review date: 00/00/0000**
Medicine Standing Order Title	Name the condition you are treating under this standing order – eg, urinary tract infection (UTI), scabies. A standing order covers the treatment of a specified condition. This may involve directions for several different medicines with clear indications for the use of each medicine.
Rationale	Explain why the standing order is necessary.
Organisation/clinic	Name and address of the organisation where the standing order is being used.
Scope (the condition and patient group)	eg, for the treatment of UTI in females over 12 years of age.
Medicine/s	Name, strength and dose form.
Dosage instructions for each medicine	eg, 300 mg at night for 3 days.
Route of administration	eg, oral, deltoid intramuscular or deep subcutaneous injection.
Indication/circumstances for activating the standing order	eg, to provide post-coital (or emergency) oral contraception to clients in a school clinic or for the treatment of a UTI (with frequency, urgency and/or dysuria and positive dipstick test) without complicating factors.
Precautions and exclusions that apply to this standing order	eg, pregnancy, breastfeeding, allergies, contraindications.
Persons authorised to administer the standing order	Name or class of health professional (eg, registered nurses).
Competency/training requirements for the person(s) authorised to administer	eg, prior to administering paracetamol under this standing order the registered nurse is required to undergo the in-house training on the policy, procedure and documentation requirements for standing orders. A record of this training will be kept.

Countersigning and audit	The standing order must specify whether countersigning is or is not required for every administration and/or supply (and under what circumstances). Note: The standing order must be either individually countersigned or included in the monthly audit by the issuer. If countersigning is required, define the timeframe (eg, within 24 hours of administration); if countersigning is not required, define the audit sample (eg, 20% of standing order treatments once a month).
Definition of terms used in standing order	eg, dysuria is pain or difficulty on urination.
Additional information	Documentation (administration/supply information – including validated dose reference charts); initial and ongoing assessment requirements. Note any supporting documents, eg, policy, guidelines or decision support tools, attached to this standing order.

Signed by issuer:

Name:		Date:	
Title:			

Notes:

This standing order is not valid after the review date. The review date is one year after the date that the order was signed by the issuer.

The organisational standing order policy and procedure must be signed by management, the issuer and every person operating under standing orders, and attached to the standing order.